



Filing ID #10023790

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Dr. Bradley Thomas Boivin  
**Status:** Congressional Candidate  
**State/District:** WI01

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2018  
**Filing Date:** 06/3/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Aurora Behavioral Health	My salary	\$35,717.30	\$85,018.00

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	U.S. Dept. of Education	January 2014	Student Loan Consolidation	\$250,001 - \$500,000

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

None disclosed.

## **SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

## **EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## **CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Dr. Bradley Thomas Boivin , 06/3/2018